

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Clinker hydraulic binder, use and method
for making same.

the specification of which: *(check one)*

REGULAR OR DESIGN APPLICATION

- ☐ is attached hereto.
- ☐ was filed on _____ as application Serial No. _____
(if applicable).

PCT FILED APPLICATION ENTERING NATIONAL STAGE

- ☒ was described and claimed in International application No. PCT/FR00/00167 filed on the 25th January 2000
and as amended on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
FRANCE	99 00842	26th January '99	YES

(Complete this part only if this is a continuing application.)

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status—patented, pending, abandoned)

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **Robert J. PATCH**, Reg. No. 17,355, **Andrew J. PATCH**, Reg. No. 32,925, **Robert F. HARGEST**, Reg. No. 25,590, **Benoît CASTEL**, Reg. No. 35,041, **Eric JENSEN**, Reg. No. 37,855, and **Thomas W. PERKINS**, Reg. No. 33,027, c/o **YOUNG & THOMPSON**, Second Floor, 745 South 23rd Street, Arlington, Virginia 22202.

Address all telephone calls to Young & Thompson at 703/521-2297.

Customer N° 000 466

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Jean-Pierre FALASCHI
(given name, family name)

Inventor's signature _____

Date 18/07/01

Residence: _____

Citizenship: French

Post Office Address: _____

LAFARGE ALUMINATES
B.P. n° 32 - 07400 LE TEIL FR X
Télex : 345 289 - Tél. 04 75 49 07 92
Télécopie : 04 75 49 09 30

Full name of second joint inventor, if any: Hervé FRYDA
(given name, family name)

Inventor's signature _____

Date 11/07/01

Residence: _____

Citizenship: French

Post Office Address: _____

LAFARGE ALUMINATES
Laboratoire Applications & Développement
B.P. 28
38290 ST QUENTIN FALLAVIER FR X
Tél. (33) 74 82 17 00
Fax (33) 74 95 56 07

Full name of third joint inventor, if any: Jean-Pierre LETOURNEUX
(given name, family name)

Inventor's signature _____

Date 12/07/01

Residence: _____

Citizenship: French

Post Office Address: _____

LAFARGE LCR
BP 15
38291 St Quentin Fallavier FR X

SUPPLEMENTARY SHEET

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY :

Christopher PARR

Fourth inventor's signature :

CParr

Date : 13/7/01

Residence :

FRANCE

131 avenue du Maréchal Foch,
78400 CHATOU, France FRX

Citizenship :

UK

United Kingdom

Post Office Address :

see above

FULL NAME OF FIFTH JOINT INVENTOR, IF ANY :

Bruno TOUZO

Fifth inventor's signature :

B. Touzo

Date : 11/07/01

Residence :

FRANCE

36 boulevard Edgar Kofler,
38500 VOIRON, France FRX

Citizenship :

FRANCE

Post Office Address :

see above

FULL NAME OF SIXTH JOINT INVENTOR, IF ANY :

Michel VIALLE

Sixth inventor's signature :

M. Vialle

Date : 23/07/01

Residence :

FRANCE

le Mas de l'Eglise, Montcrachier
38300 CRACHIER, France FRX

Citizenship :

FRANCE

Post Office Address :

see above